U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
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Plan note	

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 / 1 / 2004 Through: 12 / 31 / 2004  Name, file number, and address of labor organization.
. Name, file number, and address of labor organization.
Name L.I.U.N.A.LOCAL 1076
Labor Organization File Number 014-989
P.O. Box, Building and Room Number, if any
Street 760 JOSLYN
City PONTIAC
State Michigan ZIP Code + 4 48340
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Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in trans monetary value from an employer who	actions (including loans) with, or ose employees your organization	derived income or other economic benefit of on represents or is actively seeking to represent.	
6. Name and address of Employer (including	g trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	•		
		7.b. Amount.	
Street			
City			
State	ZIP Code + 4	to the second process of the second process	
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Signature

<ol><li>Signature and verification.</li></ol>	The undersigned declares,	under penalty of Perjury and otl	ner applicable penaltie	s of the law, that all	of the in ormation
submitted in this report (including	the information contained in	n any accompanying documents	<ol> <li>has been examined.</li> </ol>	by the signatory and	is, to the best of the
undersigned's knowledge and b	elief, true, correct, and comp	lete. (See the section on penalt	ies in the instructions.)	A commence of the control of the con	and the second s

Signed

Saul Paul Walker

on 7-7-05 1-24

1-248-245-1076

Date

Telephone Number

Name of Person Filing DANIEL WATSON	File Number U- 36/5				
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name					
Trade Name, if any:	a. Labor Organization b. Trust				
P.O. Box, Bldg., Room No., if any	c. Employer				
Street					
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing.				
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4					
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				